

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5563(3-03)	MASS TRANSIT FARE BENEFIT PROGRAM RECERTIFICATION FORM	MONTH OF RECERTIFICATION PAGE OF
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UNIT NAME	UNIT OPFAC
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~~PARTICIPANT CERTIFICATION: I hereby certify that I am employed by the Department of Homeland Security and am not listed as a member or holder of a workplace motorized vehicle parking permit with DHS or any other Federal agency. I am not authorized to commute to and/or from the workplace using a government vehicle, and am not using government provided parking at the workplace. I also certify that I am eligible for a public transportation fare benefit, will be using it for my daily commute to and from work, and will not transfer it to anyone else. This certification concerns a matter within the jurisdiction of an agency of the United States and making False, Fictitious, or Fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, section 1001, civil penalty action provided for administrative recoveries of up to \$5,000 per violation, and/or agency disciplinary actions up to and including dismissal.~~

PARTICIPANT RECERTIFICATION

DATE	GRADE	PRINT NAME	SIGNATURE	LAST 4 SSN	MEDIA	SF1164	AMOUNT OF FARE BENEFIT

NOTE: Fare Media shall become the property and responsibility of authorized participants upon receipt. Subsequent to this transaction, no refund, replacement, redemption, or exchange of any kind shall be permitted for any reason or circumstance, subject to the terms of the local program. No exceptions.

PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a member or holder of a workplace motorized vehicle parking permit issued by a Federal agency, are not authorized to commute to and from your workplace via a government vehicle, and are not using government provided parking at your workplace.

I HEREBY CERTIFY THAT THE PERSONNEL LISTED ON THIS FORM ARE EMPLOYED BY THE DEPARTMENT OF HOMELAND SECURITY (DHS) AND ARE NOT LISTED AS MEMBERS OR HOLDERS OF A WORKPLACE MOTORIZED VEHICLE PARKING PERMIT ISSUED BY A FEDERAL AGENCY, ARE NOT AUTHORIZED TO COMMUTE TO AND FROM THEIR WORKPLACE VIA GOVERNMENT VEHICLE, AND ARE NOT USING GOVERNMENT PROVIDED PARKING AT THEIR WORKPLACES.

TYPED NAME AND RANK/GRADE OF APPROVING OFFICIAL	SIGNATURE	DATE
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